

Session Four

Every Day is a New Beginning

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The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Learning to live with diabetes is not easy. Managing diabetes means making changes in eating habits, probably increasing physical activity, possibly taking medications, and dealing with the emotions that may arise from living with a chronic disease. Behavior change does not happen overnight. A person usually goes through many emotional stages in accepting and making diabetes-related changes. Family and social support is very important in making these transitions smoothly.

Objectives

1. To discuss some of the emotional barriers to making a behavior change.
2. To identify ways in which family members can help a person with diabetes make healthy lifestyle changes and to identify actions that family members should avoid because they may discourage a person from making these behavior changes.
3. To discuss the emotional stages of change that a person may go through when confronting a chronic illness or serious life event.



Time needed for discussion: 45 to 60 minutes.

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

The handout *Emotional Stages of Change* can be found at the end of this session (after page 38).

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: *Emotional Stages of Change* (included in this discussion guide kit; make at least one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



Make sure to cover these important points during this session:

- Many people go through several emotional stages before they can learn to live healthfully with diabetes. Most people, at some time, go through these general stages:
 - Denial.
 - Depression.
 - Anger.
 - Bargaining.
 - Acceptance.
- People don't always go through the stages in this order. They may experience them in a different sequence, or they may waver back and forth between emotions. Also, they may experience different emotional stages for different reasons; for example, they may accept that they need to walk more but may be angry about glucose monitoring or in denial about preventing complications.

- **Family interactions** can help or hurt a person experiencing these emotional stages. Role playing and discussion are important ways to learn what is helpful and what is not. Interactions may be hurtful if they are not based on an understanding of the challenges that a person faces in dealing with diabetes. It is a normal human reaction to push back when someone is nagging you, yelling at you, or being sarcastic toward you. Helpful interactions are based on accepting that living with diabetes is hard. These helpful interactions may include gentle reminders, but they may also involve looking for ways to identify barriers, assisting in finding solutions, and offering motivation and support for making behavior changes.
- **Emotions** such as fear, anxiety, sense of loss, grief, and anger all present barriers to making healthy lifestyle changes and performing daily self-care tasks necessary for controlling diabetes. For a person with diabetes, or for his or her family and friends, expressing these emotions is not “giving in” to diabetes. It is a healthy step towards dealing with these emotions so that one can move on to a course of action. An emotion that is stuck in a person’s heart or head could be absorbing a lot of energy that could be channeled into taking control of diabetes.



DVD

1. **Tell the group:** Think about the scene in Calvin Dixon’s dream in which Calvin’s daughter Latosha confronts him while he is watching TV in the living room. *[You may want to replay the scene to refresh participants’ memories.]*
2. **Ask:** Does anyone have any general comments about this scene? *[If so, lead off the discussion with those points. If not, proceed to the first discussion question below.]*
3. **Ask:** What emotions do you think Calvin is experiencing? What emotions do you think Latosha is experiencing?



Make sure that the discussion brings out the following points:

- Denial. Calvin is ignoring his symptoms: his feet are swelling up, he is short of breath, he is not checking his blood sugar, and he is not paying attention to what he eats.
 - Depression. This emotion is not obvious in this scene, but it might be playing a part in Calvin's choice of food. Many people use food to try to cope with depression.
 - Anger. Both Latosha and her father are showing some anger about the situation.
 - Bargaining. Calvin says, "I'll be all right...I'll mow the lawn later and that will be my exercise..."
4. **Ask:** Does anyone have any suggestions for handling these emotions? What could Latosha say to help her father? What could Calvin do to deal with these emotions?



Make sure that the discussion covers the following points:

- In dealing with all of these emotions, nagging or yelling is usually NOT helpful and can push a person away. What can be helpful are gentle reminders, assisting with problem solving, and offering motivation and support for making behavior changes.
- For denial, avoid arguing. Make a factual statement about how diabetes can affect a person's health, and then state that the final decision about making changes lies with the person with diabetes. Tell the person that you know that he or she can make these changes. It is good to let the person know that you are concerned and that you want to know how you can help. It is OK to offer reading materials for him or her to consider reading later.
- For depression, ask the person to identify barriers to overcoming this emotion, and help him or her brainstorm about solutions.

- Be on the lookout for lack of self-confidence (“I don’t know how...” or “I can’t do...”). Ask the person to identify what he or she CAN do.
- Be on the lookout for lack of social support (“No one understands...” “I’m the only one who can do...”). Ask the person if he or she can think of one person to turn to for help.
- Sometimes guilt or fear of failure is a sign of depression (“I can’t face the doctor if my blood sugar is high again.” “It’s no use. Every time I try, I mess up.”).
- For anger, you need to “defuse” the situation. Yelling back at the person doesn’t help. Letting the person know why you are worried does. Point out the methods that seemed to work in the past, and ask what you can do to help the person get back on track. Don’t tell the person what to do—remember that Calvin needed to make his own decision—but ask what he or she has tried before, what worked, and how you can be supportive. Encourage the person to name barriers out loud, and then ask if you can help him or her make a plan to overcome them.
 - The person may say, “I can’t go for a walk. Who’s going to stay home with Bobby?”
 - You may then reply, “Well, we all think that going for a walk would be better for you right now, and we want to help. Why don’t we all go for a walk together?” or, “Can you think of someone else who can stay with Bobby?”

It is OK to make suggestions, but it is usually best simply to help the person come up with his or her own solutions to overcoming barriers.

- For bargaining, coax the person into reality if what he or she proposes doesn’t sound like a good idea. Again, don’t TELL the person what to do—ASK.

- You may say something like, “I can’t help but be a little worried. Can we call Dr. XXX to make an appointment about your foot swelling?”
 - Talk about the positive aspects of making changes. You may say, “Your feet will feel better if we can do something about that swelling.”
 - Correct the person’s misperceptions, such as: “I don’t want to bother the doctor.” You might reply, “You’re not bothering the doctor. The doctor wants to know what’s going on with you.”
5. **Ask:** Would anybody like to volunteer to do some role playing? I’d like you to recreate the scene between Calvin and his daughter, except this time act as though each character is very angry. For example, imagine that Calvin says, “Leave me alone. I don’t need my children telling me what I can and can’t do! My breathing is none of your business!” See if Latosha can “defuse” the situation. *[Ask for suggestions from the group. Then have volunteers recreate the scene using these suggestions.]*
6. **Say:** In this same scene in the film, Calvin and Latosha also talk about his not taking his medicine. What are some reasons that people don’t take their medicines?

Reasons may include:

- Lack of understanding of what the medicine is for, and why it is important to take it.
- Fear of side effects.
- Actual experience of side effects.
- High cost of the medicine.
- Denial, depression, anger, and bargaining emotions previously discussed.
- Inconvenience of refilling the prescription for the medicine.

- Inconvenience of needing to see the doctor for a refill.
7. **Ask:** Does anyone have any suggestions for what actions people with diabetes can take so that their medicines will work better for them?

Suggestions may include:

- Bring a written list of questions about the medicines to the doctor.
 - Talk to the pharmacist about the medicines.
 - Be honest with the doctor and the pharmacist about fears, concerns, and side effects related to the medicines.
 - Tell the doctor and the pharmacist about any problems with the cost of the medicines. Maybe they can help with getting the medicine less expensively or switching to another medicine.
8. **Tell the group:** These same issues apply to overcoming barriers to changing diet and physical activity behaviors. Getting support from family and friends, discussing these barriers with medical professionals, and learning ways to make healthy lifestyle changes are important, just as taking medicines is important.



Optional Classroom Activity

Consider trying another role play about Calvin and his medication. Ask volunteers to play Calvin making a list of his questions and concerns for the doctor and the pharmacist and practicing what he will say to each of them.



Homework Exercise

Give out copies of the handout *Emotional Stages of Change*. If there is time in the session, you may want to read some statements from the brochure aloud. Ask participants to look at the brochure at home, discuss it with family or friends, and come up with a few statements of their own for each emotional stage of change. Participants may also be interested in the NDEP brochure "Tips for Helping a Person with Diabetes," available from http://www.ndep.nih.gov/diabetes/pubs/TipsHelping_Eng.pdf

The handout *Tips for Helping a Person with Diabetes* can be found behind the Handouts tab at the end of this guide.



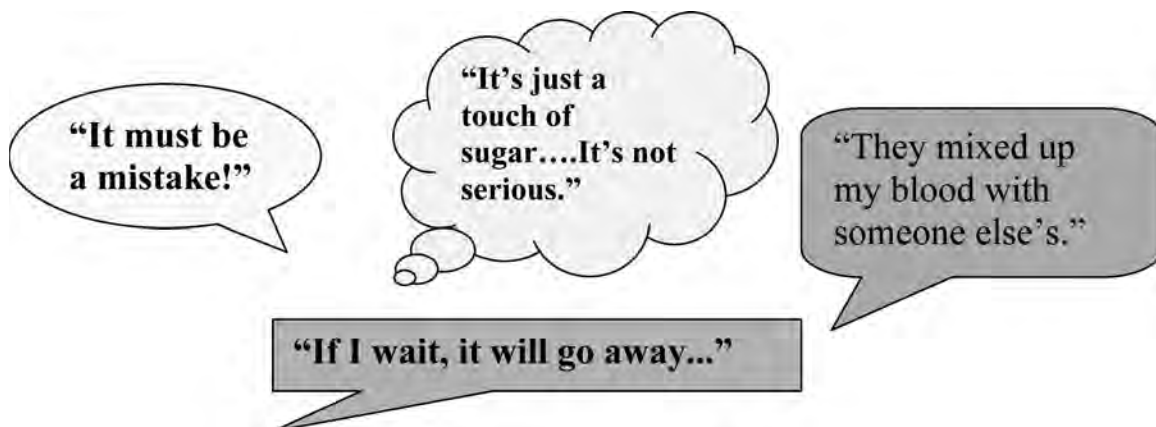
Handout for Session Four

Emotional Stages of Change

People don't accept a diagnosis of diabetes overnight. Being told that you have diabetes is a frightening experience. Many people close their ears and cannot hear anything about diabetes until they have worked through their emotions.

Adjusting to the diagnosis of diabetes can be like riding an emotional roller coaster. People with diabetes have ups and downs not only in blood sugar but in mood, and they can go back and forth between several emotional stages before they finally reach an acceptance of their diabetes. These stages include denial, anger, bargaining, depression, and finally acceptance. Each stage is described below.

Denial. The person refuses to believe that he or she could have diabetes, or refuses to accept that it is a serious condition that requires making some changes.



Can you think of other things that people in denial might say?



Depression. Feeling hopeless, helpless, worthless, and guilty is all part of depression. Depression can also express itself as self-hatred. The symptoms of depression sometimes can be subtle and hard to recognize. Not everyone with depression cries all the time or acts irrationally. Some people overeat or turn to alcohol or drugs to try to deal with depression. People experiencing depression may even kill themselves in a way by ignoring their health problems and slowly allowing themselves to die. Depression can lead to a worsening of diabetes if people become unable to make decisions or to take care of their diabetes.

*"I'm so stupid—
I can't deal with
this diabetes!"*

"God is
punishing
me....I
deserve this."

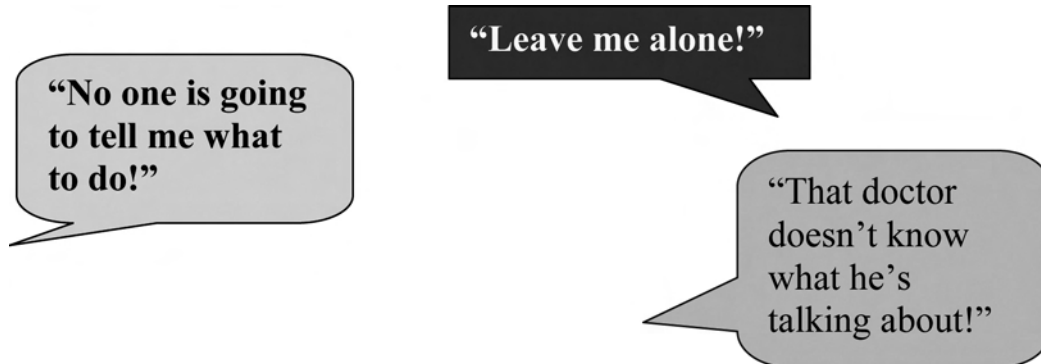
"Nothing I do
makes any
difference."

"Why go to the
doctor? He can't
do anything!"

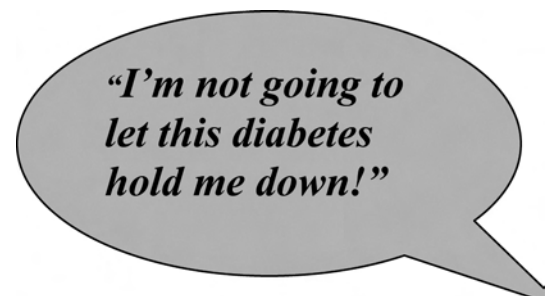
Can you think of other things that people experiencing the emotional stage of depression might say?



Anger. Life is not fair, but dealing with this fact by becoming angry is usually not helpful. Anger often leads to blaming, striking out, and actions that further isolate a person from his or her support system: family, friends, and doctors. Some people learn to harness their anger and turn it into action. Statements such as “I’m not going to let this diabetes hold me down!” can be a very positive direction in which to channel anger.



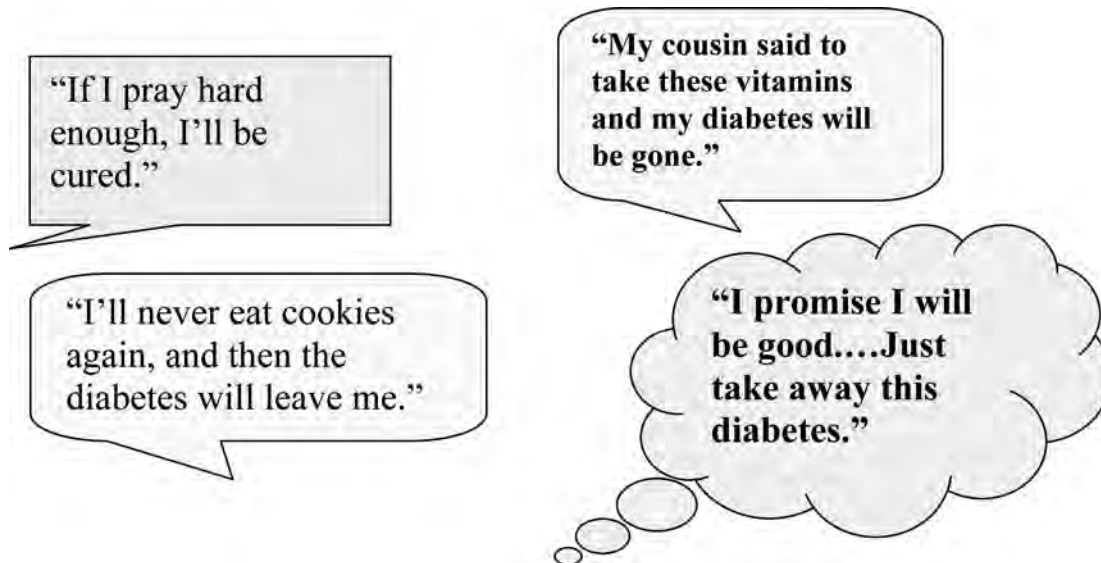
Or, learn to harness anger and turn it into action:



Can you think of other things that people experiencing the emotional stage of anger might say?



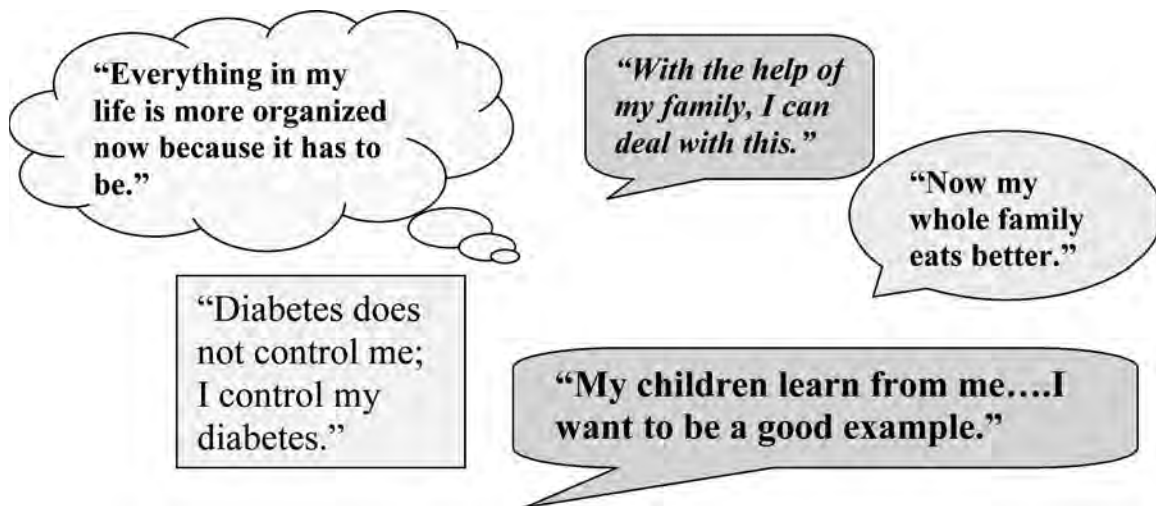
Bargaining. Trying to make a deal with oneself, or with fate, is a normal human reaction to bad news. But sometimes it leads to unrealistic thoughts, such as, "I promise I won't yell at my daughter anymore...then this diabetes will go away." "If I pray hard enough, I'll be cured."



Can you think of other things that people experiencing the emotional stage of bargaining might say?



Acceptance. A final emotional stage is accepting the diagnosis of diabetes and the changes a person must make in life to keep diabetes under control. Acceptance doesn't necessarily mean that a person is happy with the diagnosis, but learning to live with diabetes can be a source of inner personal strength. A person may reach this stage in general, but then may slip back into another stage if a new complication or problem related to diabetes occurs, or if life becomes more stressful in other ways.



What else might a person in the emotional stage of acceptance say?

